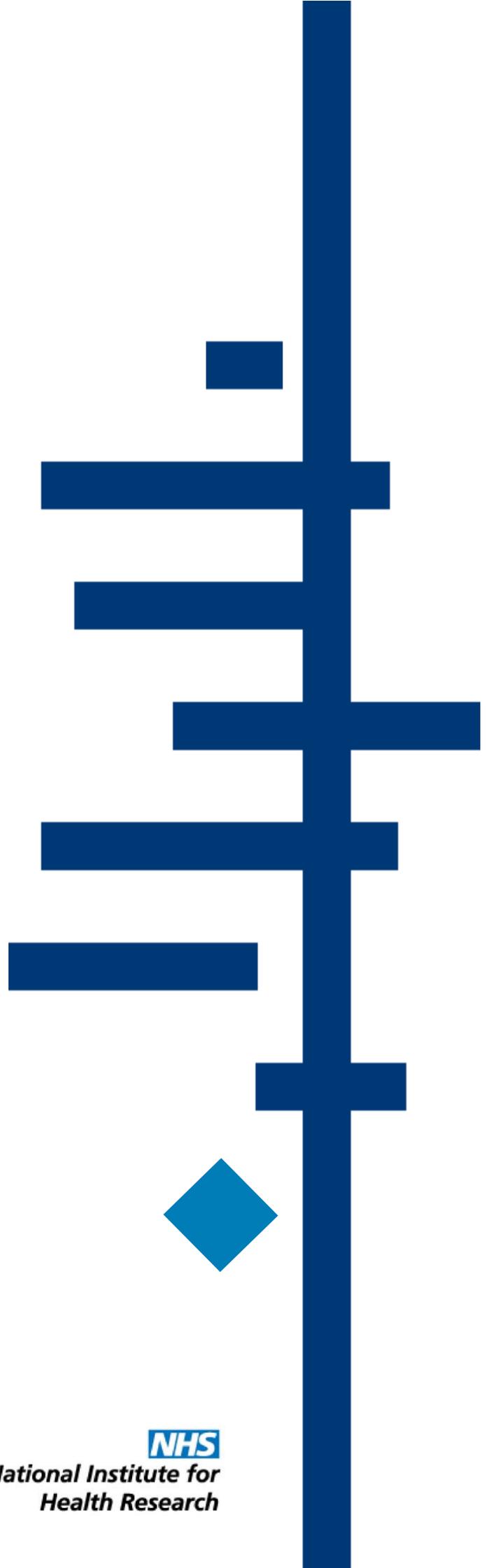


**Cochrane UK**  
Annual Report  
August 2018



This report provides an update on the activities of Cochrane UK. This is an expanded version of the report provided for the NIHR Systematic Reviews Programme Advisory Group meeting in June 2018.

### “Cochrane for all - better evidence for better health decisions”

A major focus of our work this year is the global Cochrane Colloquium which we are hosting in Edinburgh in September 2018 (<http://colloquium.cochrane.org/>). The theme of the event is ‘Cochrane for all – better evidence for better health decisions.’ This is to emphasize that Cochrane welcomes everyone and recognizes that everything that Cochrane does is about, and for, patients and other healthcare consumers.

We are delighted to have secured ‘Patients Included’ accreditation ([www.patientsincluded.org](http://www.patientsincluded.org)) demonstrating our commitment to incorporating the experience of patients at the event. We have included patients and healthcare consumers at every stage in organizing the event. Our Patients Included Advisory Group, formed from our initial patient consultations, offers valuable input into our decision making. We recruited patients and other healthcare consumers to our Workshop and Abstract Committees, and we mandated that all submitted abstracts include a statement about relevance to, or involvement of, patients. We received 730 abstract submissions and 153 workshop submissions. The 47 patients on the committees provided helpful advice and comment, informing the selection process and programme. The involvement of healthcare consumers has highlighted some challenges with how abstracts are evaluated and also emphasized the importance of using plain language to support our aim of ensuring that this is an accessible event. We are capturing key learning points from this process and will include this in feedback for those across the whole of Cochrane who organize future events.

Our Knowledge Broker, Sarah Chapman, has published some thoughts about our approach to ‘Patients Included’ in a series of blogs on *Evidently Cochrane* and also in the *BMJ Opinion* piece about co-producing conferences with patients. In the latter article (<https://blogs.bmj.com/bmj/2018/06/04/sarah-chapman-co-producing-conferences-with-patients-voyages-of-discovery/>) Sarah reflects on the recent *#BMJDebate* about the issue.

An important component of the ‘Patients Included’ Charter is the need to ensure that healthcare consumers are supported to attend the event. Each year, Cochrane offers stipends to support the attendance of consumers, students and those from low- and middle-income countries. This year, we had a record number of applications. Cochrane has awarded stipends to 21 consumers, two students and 13 delegates from low- or middle-income countries. We are also delighted that Dr Mary Snow has established a prize in memory of her daughter, Rosamund Snow, the late Patient Editor of the *BMJ*, who championed patient involvement in health care. This award will sponsor two young people, with experience as health service users and an interest in evidence-based research, to attend the Colloquium. Rosamund was one of the first people we consulted about the possibility of involving patients and other healthcare consumers in this conference. We are honoured to be able to offer this award in her name.

The opportunities for virtual participation at the Cochrane Colloquium will be significantly expanded this year. We are working with the digital conference service, ‘*Beyond the Room*’, which will facilitate a more democratic conversation, increase the reach and impact of the conference through live tweeting, live blogging and podcasting, and will create a lasting record of the discussion and sessions. Preparation for this activity is underway and Cochrane UK launched a competitive process to recruit a student, two consumers and a healthcare professional to the *Beyond the Room* team. We had 120 applications for the four available places. The four successful candidates are

already working on activities to engage influential social media users and to plan how the team will work to maximise the reach and influence of the event.

We have secured keynote presenters across a range of topics. These include the use of real world evidence, the challenges of sharing decision making, patient experiences of involvement in research and what this means to the care we deliver. Details of the speakers can be found on the Colloquium website here: <https://colloquium.cochrane.org/keynote-talks-speakers>. We are especially pleased that the Deputy Chief Medical Officer of Scotland, Dr Gregor Smith, will be speaking.

Over the three days of the Colloquium there will be a wide range of workshops, oral presentations and special sessions. These offer varied opportunities for training, sharing experiences, discussion and debate. The full schedule of workshops and oral presentations is available online here: <https://colloquium.cochrane.org/signup/d/2018-09-16>

### **Cochrane Ireland**

During 2017, the contract providing funding for *Cochrane Ireland* came to an end. A need was identified for an evidence syntheses unit on the island of Ireland, with a broader scope than that provided by Cochrane activities in the past. The funders issued a call for applications to provide this service and this contract has been awarded to a consortium led by Declan Devane at the National University of Ireland in Galway. The new unit is being established and aims to include a wide range of evidence types. It will work to build capacity in evidence syntheses on the island of Ireland, whilst incorporating *Cochrane Ireland* within it. In this way, the services and work of *Cochrane Ireland* will be offered as part of this broader evidence syntheses unit. We have meetings arranged with the successful team later in 2018 to discuss support arrangements from Cochrane UK and for *Cochrane Ireland* formally to apply to be an Associate Centre within Cochrane.

### **Learning and Development**

Cochrane UK continues to provide the Review Author (RA) training workshops. The Review Author 1 & 2 (RA1&2) courses cover the identification of the 'right' question, and protocol development at the start of the process. Authors return for Review Author 3 & 4 (RA3&4), at a later stage, to learn about data collection and basic synthesis methods as well as newer, more complex methods of analysis.

The Review Author training programme is overseen by our Senior Fellow in Cochrane Methods Training, Chris Cates, and is delivered by experienced faculty trainers: Sheena Derry, Cochrane Pain, Palliative & Supportive Care (retired from the training team in January 2018), Anne Marie-Bagnall, Professor of Health & Wellbeing Evidence, Leeds Beckett University, Rebecca Normansell, Co-ordinating Editor, Cochrane Airways and Rafael Perera, Director of Medical Statistics, Nuffield Department of Primary Care Health Sciences, University of Oxford.

There were a total of 264 individual attendances for Review Author training sessions from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018. This is a slight increase on the number of attendances last year.

<b>Financial Year ending March</b>	<b>RA1</b>	<b>RA2</b>	<b>RA3</b>	<b>RA4</b>
2017	40	46	55	57
2018	13	12	20	21
<b>Total</b>	<b>53</b>	<b>58</b>	<b>75</b>	<b>78</b>

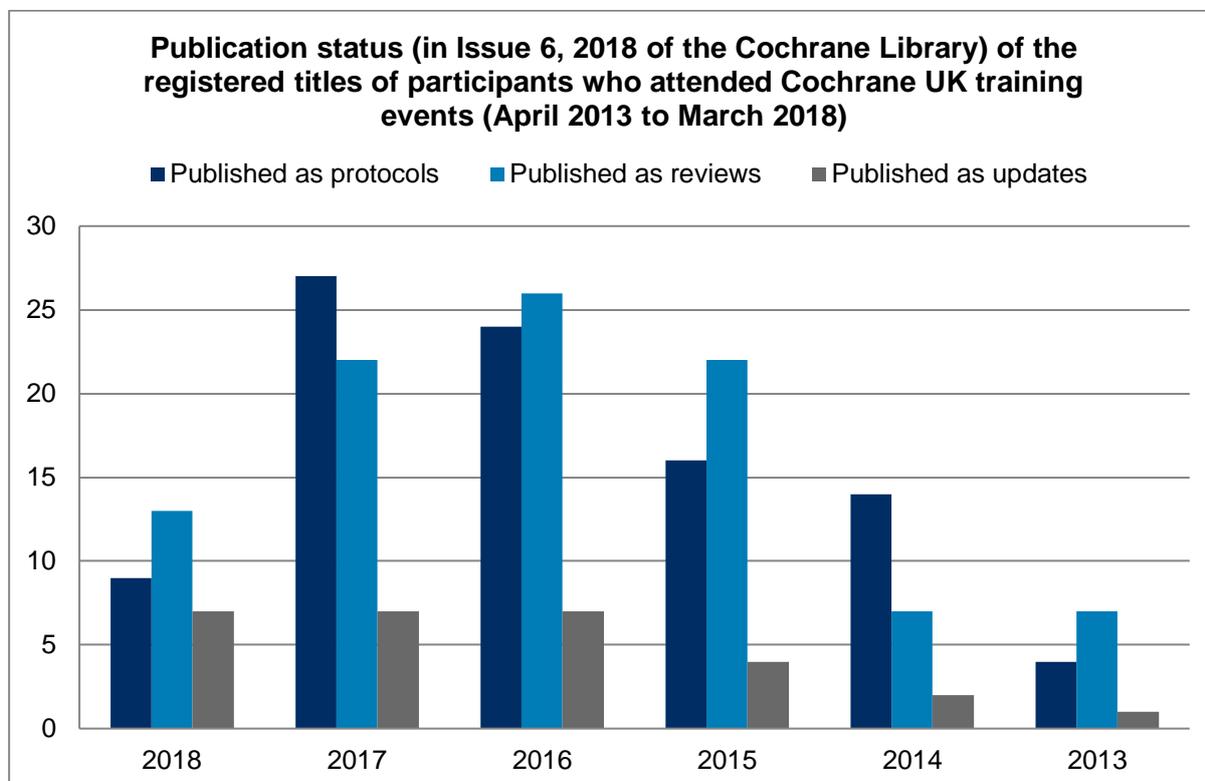
At the end of the funding period in Ireland, Chris Cates delivered a two-day training workshop in Dublin for the Cochrane Fellows in Ireland. The training provision for Ireland will be revised in consultation with the new Evidence Syntheses Unit.

Cochrane Interactive Learning provides a series of online training modules for Cochrane authors. Chris Cates has been working on the online training materials with the Cochrane IT team in Copenhagen, in particular peer reviewing and beta-testing new training materials in the use of the web-based version of the Cochrane review manager package, RevMan Web.

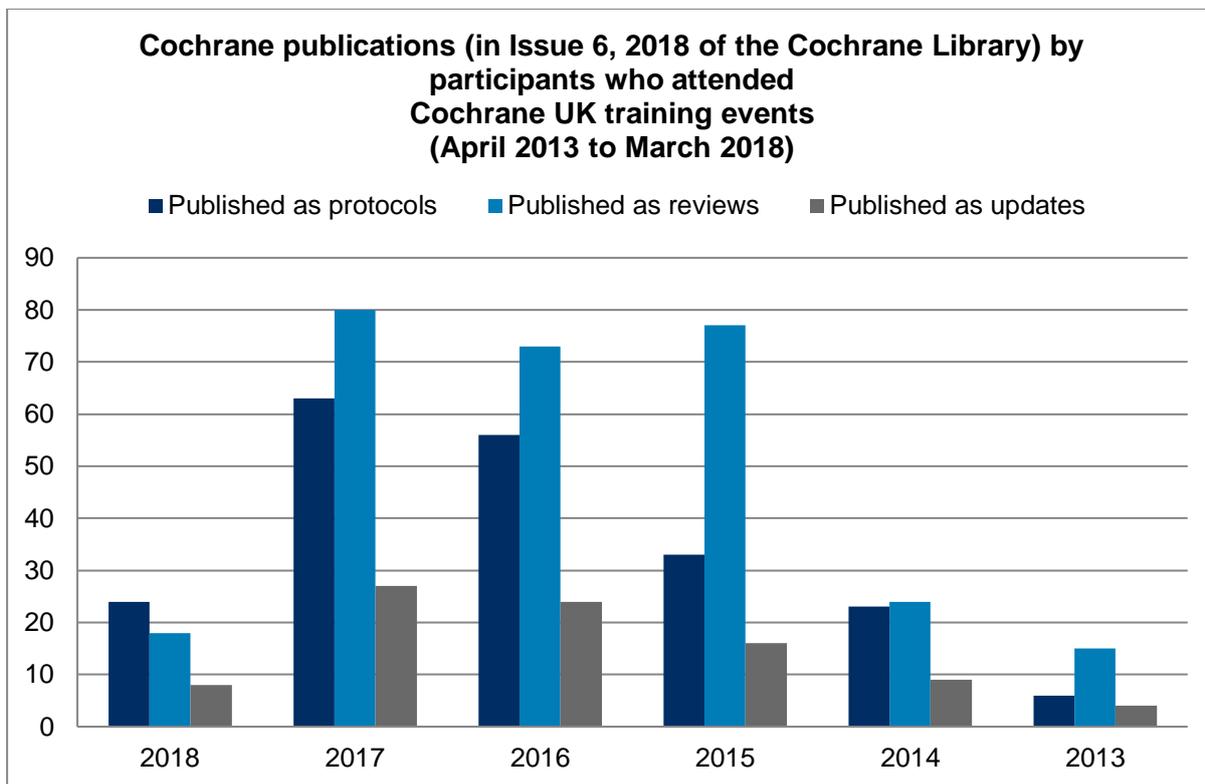
### Output of Cochrane UK Review Author training

One measure we use to monitor the output of the Cochrane UK Review Author training events is to track the review titles registered at the time of attending the training to establish how many are published as a protocol, review or update of a review, using a five-year data set.

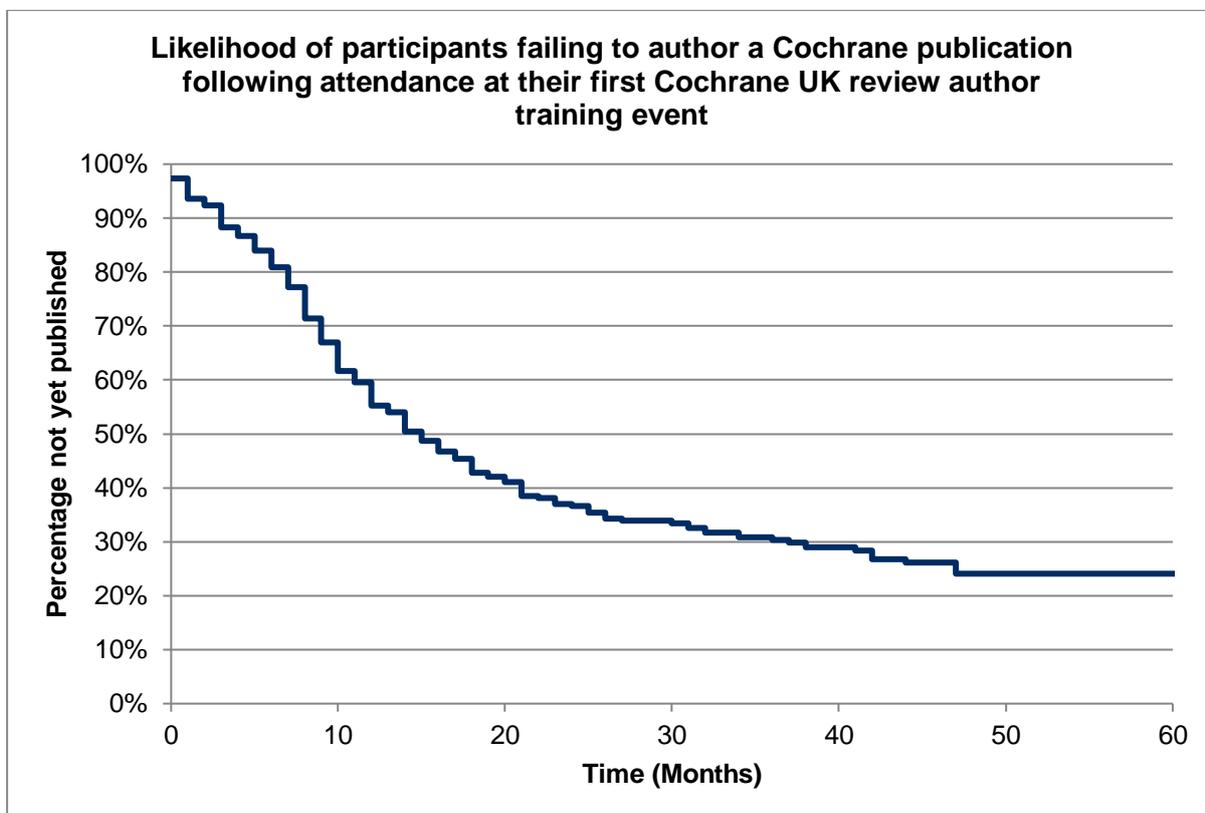
We searched Issue 6, 2018 of the Cochrane Database of Systematic Reviews. During the five-year period from April 2013 to March 2018, 402 Cochrane UK training event participants worked on 331 review titles and approximately a third are as yet unpublished (n=112). Of the 219 that have been published, 94 are protocols (28%), and 125 are reviews (38%) of which 28 are updates.



We also tracked the participants by searching for their names as authors to determine how many Cochrane publications they have achieved during the five-year period (2013 to 2018). Of the 402 participants who attended Cochrane UK training events between April 2013 and March 2018, a third have not yet published (n=134) and 268 have published a total of 205 protocols, 287 reviews and 88 review updates, an average of over one per person (range: 1 to 33).



We also calculated how soon after attending their first Cochrane UK review author training event (RA1 or RA2 or RA3 or RA4) between April 2013 and March 2018, participants went on to publish a Cochrane publication (a protocol or review or update of a review). We plotted the likelihood of publication using a Kaplan Meier graph. After one year just under half are likely to have achieved publication; by the end of two years this is likely to have increased to two thirds.



## Sharing our evidence

We continue to share Cochrane evidence on social media, in mini infographics (blogshots), mini video summaries (vlogshots) and in the *Evidently Cochrane* blog. Blogs are published weekly, with additional blogs during our special series.

## Evidently Cochrane (blog)

In the period from April 2017 to March 2018 inclusive there have been 84 *Evidently Cochrane* blogs published. The blogs covered 216 reviews from 34 Cochrane review groups; 56 of these were guest blogs, 7 of which included a patient or citizen 'voice'.

Combining evidence with expertise and experience is a feature of many of our blogs and one which continues to be highly valued by our audiences. Over the past year, we have published 56 guest blogs, written by people with a range of expertise, including seven by patients (one of which was also published as a *BMJ Opinion* blog), eight by healthcare researchers, 23 by healthcare practitioners (5 by nurses ; 1 by a midwife; 5 by allied health professionals: paramedic, physiotherapists and occupational therapists; 12 by doctors), two by digital communications professionals, six by Cochrane Trainees, five by Cochrane UK's Senior Fellow in General Practice, one by Cochrane UK's Senior Fellow in Public Health, one by Cochrane UK's Fellow in Public Health and three by Cochrane UK's Communications and Engagement Officer. Twenty-seven blogs were linked to health awareness events/campaigns, NHS priorities or topical news and 30 blogs were linked to clinical guidelines (including 9 NICE, 1 SIGN and 3 NICE accredited guidelines, plus 10 other NICE published guidance e.g. technical appraisals, key therapeutic topics, evidence summaries, interventional procedures, clinical knowledge summaries) and national policy documents. Eleven blogs were social media features.

Thirty blogs were linked to four special series: **The Problem with Sex** (5 of 10 published in this reporting period); **Dementia in the Spotlight** (10); **Antibiotic Resistance** (4) and **Life After Stroke** (11). Fifty-five blogs were linked to our regular *Evidence for Everyday* series and *Understanding Evidence* occasional series: *Evidence for Everyday Nursing* (19 blogs); *Evidence for Everyday Health Choices* (18); *Evidence for Everyday Allied Health Professionals* (13); *Understanding Evidence* (4) and *Evidence for Everyday Midwifery* (1).

Five blogs in the *Evidence for Everyday Nursing* series were based on articles by Cochrane UK's Knowledge Broker that had been commissioned and published by the *British Journal of Community Nursing* on Cochrane evidence to help inform decision making in key areas of clinical practice: pressure ulcer prevention and treatment; foot care for people with diabetes; venous leg ulcers; medication adherence; and pulmonary rehabilitation for people with chronic obstructive pulmonary disease.

Occasionally blogs are taken up in other media. One blog written by a patient with young onset dementia was co-published in the *BMJ Opinion* blog. Two blogs by healthcare practitioners and researchers were co-published in *The Conversation*. Since the first *Evidently Cochrane* blog in October 2012, we have now produced and shared over 300.

Each quarter we have content aimed at our key audiences as part of our ongoing 'Evidence for Everyday' series:

- Understanding Evidence
- Evidence for Everyday Allied Health
- Evidence for Everyday Nursing
- Evidence for Everyday Health Choices
- Evidence for Everyday Midwifery

These are populated on a regular basis, with a round-up of content included in our 'Evidence for Everyday' newsletters for subscribers in each of the series.

Each quarter we focus on a particular health topic, producing a special series of blogs and associated content. The first of these was '**The Problem with Sex**' series, run in March and April 2017, with ten blogs covering this sensitive topic in an area where evidence is lacking:

- *The problem with sex: is our reluctance to talk about it harming patients?*
- *Cancer and sex: it's not just survival that matters*
- *Sex and asthma: could patients' love lives hold the key to better asthma outcomes?*
- *Let's talk about sex and chronic pelvic pain: it matters!*
- *Talking with patients about sex. Asking, listening, learning*

The series stimulated discussion on social media platforms and a Maggie Centre contacted us to let us know that their patient information had been updated, following the publication of our blogs.

Our second series was '**Spotlight on dementia**' and included ten blogs:

- *Dementia in the spotlight: evidence and experience* (launch blog)
- *I have dementia and I take part in research. Here's why* (also posted on *BMJ* blogs)
- *Rivastigmine reviewed: doubts about dementia drug*
- *Drug withdrawal in people with dementia: what we know*
- *Arts therapies for people with dementia: "where words leave off, music begins"*
- *Carers of people with dementia: with them, through to the end of it*
- *Cerebrolysin for vascular dementia: how much evidence is enough?*
- *Diagnosing dementia: is a questionnaire (IQCODE) good enough?*
- *Social living models for people with dementia: future ways of living well at home?*
- *Behind the headlines: can one in three dementia cases be prevented?*

One was written by a patient and was also posted on *BMJ* blogs:

- *I have dementia and I take part in research. Here's why* (by Wendy Mitchell living with young onset dementia); also posted on *BMJ Opinion* on 8<sup>th</sup> August 2017:  
<http://blogs.bmj.com/bmj/2017/08/08/wendy-mitchell-i-have-dementia-and-i-take-part-in-research-heres-why/>

'**Life After Stroke**' was the theme of the special series we ran throughout March 2018, shared on all our social media channels. This was timely, given that in December 2017, Parliament confirmed that the Government has committed to a new national plan for stroke. Our aim was to highlight Cochrane evidence about stroke interventions as well as new research and opportunities for involvement, and to bring together the evidence *and* the perspectives of people for whom it is relevant, including people with lived experience of stroke, health professionals and researchers.

The focus was broad, incorporating the acute phase after stroke, rehabilitation, and long-term effects and adjustments. We asked people on social media, particularly stroke survivors and people who work with or care for them, to tell us what matters to them. Their answers helped shape the series.

As well as guest blogs from stroke survivors, health professionals and researchers, we shared our blogshots, vlogshots, podcasts and other resources on stroke (e.g. links to Cochrane Clinical Answers), and pulled them together in one 'round-up' post. The series was well-received, with comments such as "fantastic and clear multimedia presentation of research evidence @CochraneUK in #LifeAfterStroke".

Throughout March, tweets from the @CochraneUK account, using the #LifeAfterStroke hashtag, had 5.8 million impressions<sup>1</sup>. Collectively, the blogs have been viewed over 10,000 times. The series content was re-shared by key organizations in the field, such as The Stroke Association, as well as by patient and carer groups. We received positive feedback for incorporating a variety of perspectives, such as: “Loving the #LifeAfterStroke series by @CochraneUK. Great to see perspectives of stroke survivors, researchers and health professionals on life after stroke”.

### Blogshots and vlogshots (video summaries)

This year we made and shared 150 blogshots (2 updated) and 20 vlogshots. An additional 27 existing blogshots and 4 existing vlogshots were reposted to coincide with awareness events, news items and for two special series. A total of 140 reviews (91 new; 49 updates) were highlighted from 37 Cochrane Review Groups (24 UK based). Fifty-five reviews were used in more than one blogshot (frequency: 50 in 2; 4 in 3; 1 in 4). In total 96 blogshots and 7 vlogshots were linked to four *Evidence for Everyday* series, 49 blogshots and 7 vlogshots were linked to three special series and 34 blogshots and 2 vlogshots were linked to health awareness events/topical news/NHS priorities. Since we began creating blogshots in June 2015, we have now produced and shared over 500.

### Cochrane Corners

Our Knowledge Broker has been working in partnership with the *British Journal of Community Nursing* to produce a ‘Cochrane Corner’. Sarah Chapman has written five articles covering evidence on preventing and treating pressure ulcers, diabetic foot care, venous leg ulcers, medication adherence and rehabilitation for people with chronic obstructive pulmonary disease. The last of these will be published in the December edition of the journal.

### Cochrane in the media

In 2017, Cochrane secured 10,442 pieces of media coverage, and this number is increasing year on year. Cochrane generates media interest proactively through sharing press releases and key messages about reviews prior to publication. Coverage is also generated by journalists conducting their own research and using evidence provided by Cochrane to add context to articles. The majority of media pieces mentioning Cochrane appear in the UK, USA, Australia and China.

In the first six months of 2018, over twenty-five reviews have been disseminated to key international science and health media outlets. In particular, press releases have been produced and shared for the following reviews:

*Nutritional labelling and calorie intake*. This resulted in significant global media interest. A summary of this coverage can be accessed via the link:

<https://canvas.vuelio.co.uk/cochrane/nutritionallabelling#/walls>

The Guardian, Daily Mail, Financial Times, Telegraph, Independent, Metro and The Sun all covered the findings of the review. The media coverage focused on delivering the message that nutritional labelling may reduce the amount of energy (calories) purchased by customers.

*Prophylactic vaccination against human papillomaviruses to prevent cervical cancer and its precursors*. There was significant global media interest in this review. A summary of the coverage can be found via the link: <https://canvas.vuelio.co.uk/cochrane/hpvmay2018#/walls>

Cochrane evidence on *plain packaging of cigarettes* was disseminated widely. Activity kicked off with a well-attended press conference at the Science Media Centre, a press release was shared widely with UK press contacts. Coverage was achieved on BBC Online, Guardian, The Sun and

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<sup>1</sup> “Twitter impressions are the number of times a tweet shows up in somebody’s timeline. That means every time it’s served up, it counts as an impression. Sure, you need impressions for someone to see your tweet, but an impression doesn’t mean it was actually seen” [<https://medium.com/digital-vault/whats-a-twitter-impression-worth-d7be0e1ab262>; accessed 14/6/18]

many regional newspapers. Follow up activity took place on the date plain packaging on cigarettes became legally enforceable as well as World Tobacco Day:

<https://canvas.vuelio.co.uk/cochrane/tobaccopackaging/view>

A press release - "*Making changes to diet, physical activity and behaviour may reduce obesity in children and adolescents*" was produced and disseminated in line with the review's publication.

A blog on '*rubbed on pain products*' which was written for The Conversation. The Conversation then syndicated this piece to other media outlets and it appeared on The Independent website.

*Welfare to work interventions* and their effects on the mental and physical health of lone parents and their children. The University of Glasgow, the host university of the lead author, led on press release efforts around this review, leading with an exclusive in The Times.

The Cochrane Skin Group celebrated reaching twenty years old. Cochrane UK supported communications around this milestone, reaching out to partners and interested organizations. We secured good support from partners, who shared relevant content on social media.

### **Use of Cochrane Reviews to inform UK-published healthcare guidance (NICE Guidance, SIGN guidelines)**

One method we use to monitor the impact of Cochrane Reviews in healthcare decision-making is to identify where they have been used to inform evidence-based clinical guidelines. We are continuing to check guideline developers' websites to capture newly published guidelines to maintain the currency of the Cochrane UK guidelines data set of Cochrane Reviews that have informed healthcare guidance worldwide; our data include a subset on UK-published guidance.

#### ***NICE Clinical Guidelines***

In the reporting period (April 2017 to March 2018), NICE has published 16 new clinical guidelines and 26 updates: 34 (80%) of these have been informed by 377 Cochrane Reviews (219 with UK- or Ireland-based authors) from 40 Cochrane Review Groups (22 UK based).

#### ***NICE Public Health Guidance***

NICE has also published four new Public Health Guidance documents and four updates: **three (37%)** of these were informed by **23 Cochrane Reviews** (16 With UK- or Ireland-based authors) from four Cochrane Review Groups (two UK based).

#### ***NICE Social Care Guidelines***

NICE has also published four Social Care guidelines: **three (75%)** of these were informed by **four Cochrane Reviews** (all with UK- or Ireland-based authors) from two Cochrane Review Groups (both UK based).

#### ***NICE Antimicrobial Prescribing Guidelines***

NICE has also published three new Antimicrobial Prescribing guidelines: **all (100%)** of these were informed by **17 Cochrane Reviews** (five with UK- or Ireland-based authors) from one Cochrane Review Group.

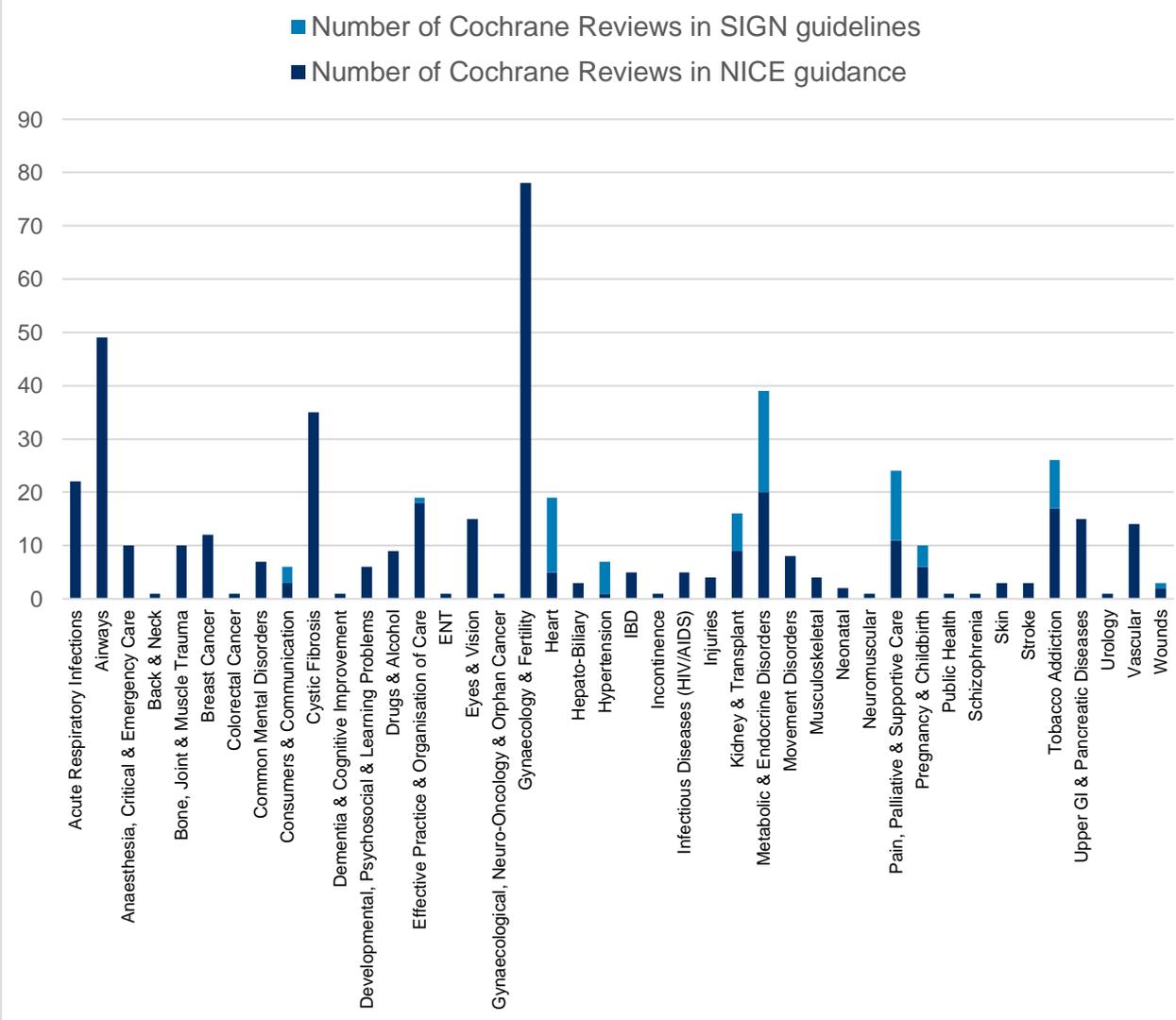
#### ***SIGN (Scottish Intercollegiate Guidelines Network) Guidelines***

SIGN has published **four** new guidelines and **one** update: **all (100%)** of these informed by **77 Cochrane Reviews** (44 with UK- or Ireland-based authors) from 10 Cochrane Review Groups (six UK based).

Overall, **498 Cochrane Reviews** (with 244 UK- or Ireland-based authors) from 42 Cochrane Review Groups (23 UK based) have been used to inform **48 of 62 (77%)** UK published guidelines (NICE Clinical Guidelines, NICE Public Health Guidance, NICE Social Care Guidelines, NICE Antimicrobial Prescribing Guidelines and SIGN guidelines) (see **Figure 1**).

- maximum number of reviews used from any one Cochrane Review Group is **78** (Gynaecology and Fertility group)
- maximum number of reviews used to inform any one guideline is **58** (Fertility problems: assessment and treatment – latest revision of NICE Clinical Guideline CG156)
- **16** guidelines have used over **10** Cochrane Reviews to inform their guidance:
  - **Fertility problems: assessment and treatment** (NICE CG156: 57 Gynaecology & Fertility Reviews; one Pregnancy & Childbirth Review)
  - **Asthma: diagnosis, monitoring and chronic asthma management** (NICE NG80: 41 Airways Reviews; one Consumers & Communication Review)
  - **Emergency and acute medical care in over 16s: service delivery and organization** (NICE NG94: 15 Effective Practice & Organisation of Care Reviews; four Pain, Palliative & Supportive Care Reviews; three Airways Reviews; three Heart Reviews; two Anaesthesia, Critical & Emergency Care Reviews; two Metabolic & Endocrine Reviews; two Stroke Reviews; one Consumers & Communication Reviews; one Dementia & Cognitive Improvement Review; one Hypertension Review; one Incontinence Review; one Infectious Diseases Review; one Neuromuscular Review; one Pregnancy & Childbirth Review; one Schizophrenia Review; one Vascular Review)
  - **Cystic fibrosis diagnosis and management** (NICE NG78: 32 Cystic Fibrosis & Genetic Disorders Reviews)
  - **Management of Diabetes** (SIGN 116: 19 Metabolic & Endocrine Disorders Reviews; five Kidney & Transplant Reviews; four Pregnancy & Childbirth Reviews; one Tobacco Addiction Review; one Wounds Review)
  - **Advanced breast cancer: diagnosis and treatment** (NICE CG81: 12 Breast Cancer Reviews; five Pain, Palliative & Supportive Care Reviews; two Wounds Reviews; one Consumers & Communication Review; one Urology Review)
  - **Stop smoking interventions and services** (NICE NG92: 17 Tobacco Addiction Reviews; one Common Mental Disorders Review)
  - **Risk Estimation and the Prevention of Cardiovascular Disease** (SIGN 149: eight Heart Reviews; six Hypertension Reviews; two Kidney & Transplant Reviews; one Effective Practice & Organisation of Care Review)
  - **Nutrition Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition** (NICE CG32: three Upper GI & Pancreatic Diseases Reviews; two Cystic Fibrosis & Genetic Disorders Reviews; one Airways Review; one Anaesthesia, Critical & Emergency Care Review; one Colorectal Cancer Review; one ENT Review; one Hepato-Biliary Review; one Infectious Diseases Review; one Injuries Review; one Pain, Palliative & Supportive Care Review; one Stroke Review)
  - **Management of hip fracture in adults** (NICE CG124: 14 Bone, Joint & Muscle Trauma Reviews)
  - **Type 2 diabetes in adults (Clinical Guideline Update): management** (NICE NG28: 12 Metabolic & Endocrine Disorders Reviews; two Kidney & Transplant Reviews)
  - **Heavy menstrual bleeding: assessment and management** (NICE NG88: 12 Gynaecology & Fertility Reviews; one Consumers & Communication Review)
  - **Pharmacological management of migraine** (SIGN 155: 13 Pain, Palliative & Supportive Care Reviews)
  - **Cardiac Rehabilitation** (SIGN: 150: six Heart Reviews; three Consumers & Communication Reviews; three Tobacco Addiction Reviews)
  - **Endometriosis: diagnosis and management** (NICE NG73: 11 Gynaecology & Fertility Reviews)

**Figure 1: 498 Cochrane Reviews used to inform UK healthcare guidance (NICE Guidance & SIGN Guidelines) published between April 2017 and March 2018**



**Are Cochrane Reviews also being used to inform best practice guidance in primary care? (NICE Clinical Knowledge Summaries)**

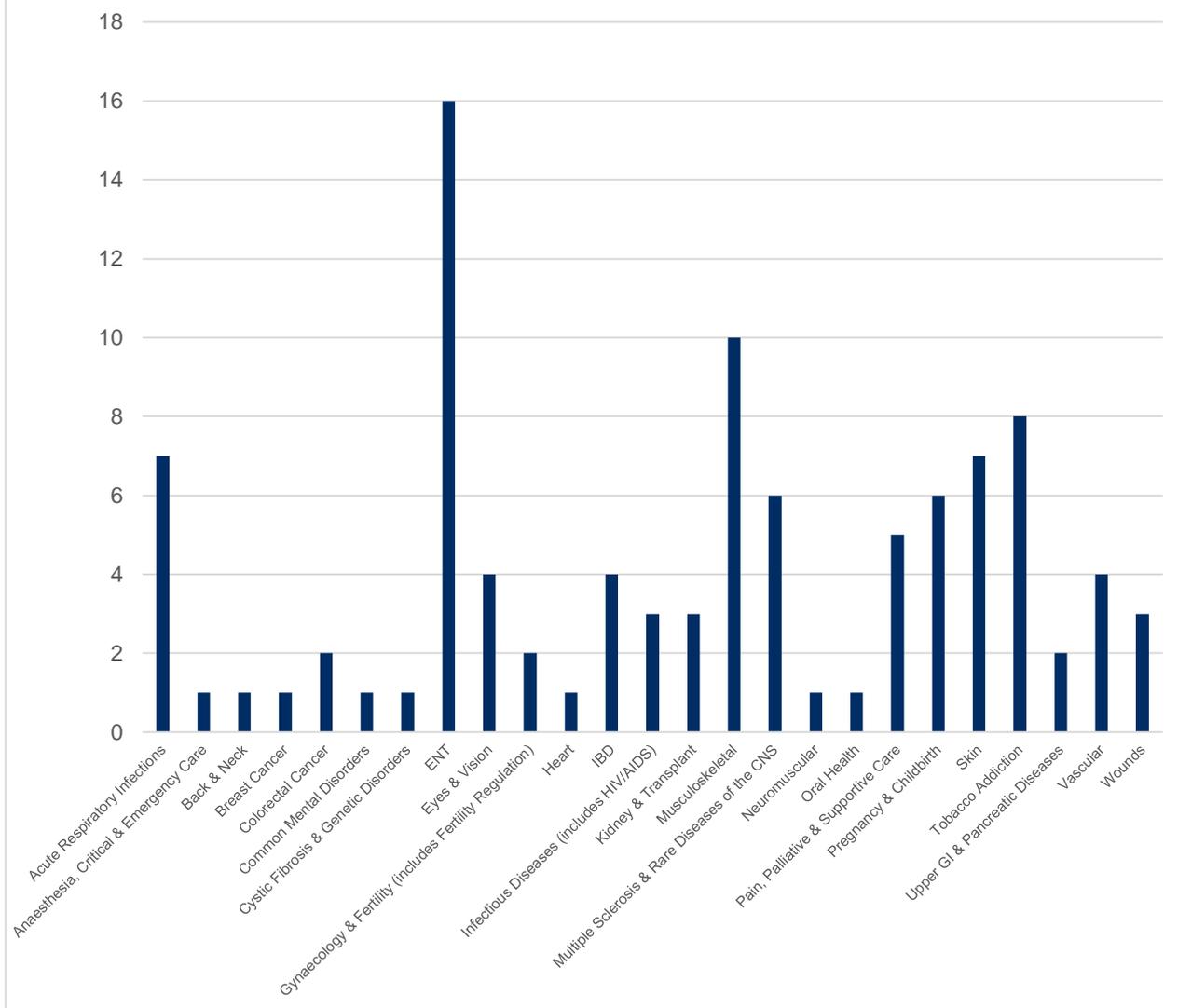
In the reporting period (April 2017 to March 2018), **100 Cochrane Reviews** (52 with UK- or Ireland-based authors) from 25 Cochrane Review Groups (14 UK based) have been used to inform **41 of 100 (41%)** NICE Clinical Knowledge Summaries (see **Figure 2**).

- maximum number of reviews used from any one Cochrane Review Group is **16** (ENT)
- maximum number of reviews used to inform any one Clinical Knowledge Summary is **10** (Sinusitis)

The top three Clinical Knowledge Summaries using the highest number of Cochrane Reviews are:

- Clinical Knowledge Summaries – **Sinusitis** (using **10** Cochrane Reviews: five Acute Respiratory Infections; five ENT)
- Clinical Knowledge Summaries – **Gout** (using **eight** Cochrane Reviews: 8 Musculoskeletal)
- Clinical Knowledge Summaries – **Smoking Cessation** (using **eight** Cochrane Reviews: Tobacco Addiction)

**Figure 2:** 100 Cochrane Reviews used to inform primary care guidance in NICE Clinical Knowledge Summaries published from April 2017 to March 2018



### Enhanced Cochrane Library

This year we worked on a project to make the guideline data that we collect and collate accessible online. As a result, the guideline information is available as a click-through tab on the new Enhanced Cochrane Library for the first time. We are also working on a project to provide more sophisticated access, which will provide multiple reports drawn from the entire dataset and offer greater search functionality and accessibility for retrieval and input.

### Community talks

Over the twelve months to the end of May 2018, our Cochrane Senior Fellow in General Practice, Lynda Ware, has given 21 talks to non-medical audiences in the Oxfordshire region. These have included three University of the Third Age groups, two village societies, an Oxford Soroptimist meeting and fifteen Women's Institute groups. The audiences have varied in size from around 20 to over 200. Feedback has been very positive as evidenced by personal discussions at the time and from more formal feedback forms.

- *'I heard Lynda Ware give a presentation at Garsington on evidence-based medicine a couple of months ago. The audience was mixed, with a number of current or retired health professionals present, but mostly adult residents of the village from a range of backgrounds. With so much*

*health information around in the papers and on TV, it is difficult for the average person to make sense of competing claims for the effectiveness of different medical treatments. Lynda's presentation was excellent, with well-designed power-point slides with diagrams and text, and other materials, and with a few well-chosen 'worked examples' to illustrate her main points. Her speaking style was very appropriate, informal but with the experience of her years of practice illuminating both her talk and the question-and-answer session at the end of the talk. A really understandable introduction to a subject of importance to all, young and old – and to those in between as well."*

John Hall, Professor of Mental Health at Oxford Brookes University

- *'I thought your talk last month to 'The Garsington Society' was spot on; not an easy task when half of the audience work for the NHS or University. Your PowerPoint slides were visually very appealing. It is always better to hang a story around a picture rather than endless data slides. Many thanks again.'*

Ann Sharpley, Trials Manager and Sleep Scientist, Warneford Hospital, University of Oxford

- *'Until a Speaker came to a monthly meeting of our Women's Institute, our members had not heard of Cochrane and the work it does on our behalf. It was informative and we enjoyed it because it was 'something different'. One of our members has already recommended the talk to another interest group. We learned that Cochrane asks healthcare questions and then looks at relevant research from anywhere in the world. It examines the quality of the research to find reliable results. We felt that evaluating research from around the world must save time and money. Our members were pleased to hear that Cochrane is independent of commercial funding so we feel that we can trust its findings. It was good to hear that it is transparent - that we, as well as healthcare professionals, can look up information. Also that Cochrane, on our behalf, will have decisions. The website hand-out will be useful when we want to look something up for ourselves. It was very comforting to hear about the work of Cochrane.'*

Sheila Nelson, Cassington Women's Institute (WI)

The talks outline the history and definition of evidence-based medicine (EBM), followed by examples of the relevance of EBM to everyday health choices. Lynda gives examples of Cochrane Reviews and media headlines. We are now targeting larger groups and, in particular, mixed gender audiences. It was hoped that this project might be transferable to other parts of the UK but, to date, the search to find other speakers has not been successful.

### **Schools Project: encouraging critical thinking with particular reference to healthcare claims**

Jack Leahy and latterly Selena Ryan-Vig, with Dr Lynda Ware, have been involved in a project visiting schools to talk about critical thinking and EBM. The talks have focussed on students from years 10 to 13 and have taken place in lessons, interactive workshops and extracurricular sessions. Their aim is to encourage critical thinking around healthcare claims, particularly those made in the media. Twelve schools have been visited so far and there are further dates in the diary for October, including invitations to return to schools visited previously in 2017. One of the schools was a school for children with dyslexia, dyspraxia and dyscalculia. The sessions have been very well received by pupils and staff and have involved schools in Oxford, Lingfield and Oldham. There is a plan to develop a half-day session on EBM for Year 13 students wishing to apply to read medicine and other health-related degrees. We have established a link with Professor Sibel Erduran, Professor of Science Education at the Department of Education, University of Oxford, and are seeking advice on both the pedagogical input to these projects and the best methods for evaluating them. We are also looking at ways of rolling this programme out more widely and have engaged with the Association for Science Education in this regard.

## Evidence Week

The first ever 'Evidence Week' in the UK Parliament ran from 25th to 28th June 2018, aimed at bringing together MPs, peers, parliamentary services and other people from across the UK to talk about why evidence matters. The week was an initiative of *Sense about Science*, the House of Commons Library, the Parliamentary Office of Science and Technology and the House of Commons Science and Technology Committee and was held in partnership with SAGE Publishing. It highlighted the role of the House of Commons Library and shared insights into the work of parliamentarians in seeking and scrutinising evidence.

As part of this week of briefings, Dr Lynda Ware talked about using research evidence to help make informed decisions about health care. Lynda spoke about evidence-based medicine and its context in the history of medical research. She covered systematic reviews - the backbone of Cochrane's work - including how they are conducted and, importantly, how they are disseminated. She provided content looking behind some newspaper headlines and finished by giving details of where reliable evidence-based medical advice may be found.

## Cochrane Trainees

The Cochrane UK & Ireland Trainees Advisory Group (CUKI-TAG) is launching a national Cochrane Trainees Outreach Programme (CTOP) which involves running workshops across as many regions and specialties in the UK as possible. This will enable the CUKI-TAG to interact directly with trainees who represent the next generation of senior doctors and dentists and inspire them to engage with evidence-based medicine and Cochrane.

The CUKI-TAG organized a training day on 26<sup>th</sup> March 2018, for the CUKI-TAG Committee and other trainees from across the UK and many specialties.

The aim was to empower participants to serve as Cochrane ambassadors and deliver an effective 60-minute interactive 'Outreach Workshop' for other medical and dental trainees and allied health professionals. These workshops aim to help learners understand: 1) the relevance of Cochrane in their everyday practice, 2) how they can get involved in the work of Cochrane, and 3) hone their critical appraisal skills.

The CUKI-TAG group is chaired by one of the Trainee Fellows at Cochrane UK. These are fellowships for medical or dental trainees, with an interest in evidence-based medicine, funded by both the Oxford Deanery and the School of Public Health. We are delighted to have secured continued funding for these fellowships and will start recruitment to replace our current fellows, James Chan and Samantha Gale, both of whom are finishing their term with us in the next few months.

## Students 4 Best Evidence

In June 2017, Students 4 Best Evidence (S4BE; <http://s4be.org/>) launched the "*Key Concepts for Assessing Treatment Claims*" blog series. The Key Concepts were developed by an Informed Health Choices (IHC) project, designed to be a starting point from which to develop resources to help people understand and apply the concepts. This series has been a top priority for the year with the publication of 36 blogs (each explaining one Key Concept); video summaries of each concept embedded into each blog; and clear signposts to learning resources relating to the Key Concepts.

In the past we have relied on post-publication peer feedback for all S4BE blogs. We are very grateful to Sir Iain Chalmers for peer reviewing each of the Key Concept blogs prior to publication, resulting in a quality-assured set of resources which we believe will be extremely useful. To date there have been approximately 95,000 views on the S4BE website and translation of content into Spanish, German and Portuguese. A summary poster was presented at *Evidence Live* and will

also be presented at the Cochrane Colloquium 2018, further promoting the blog series. This project is one aspect of a relationship that Cochrane has made with the *Testing Treatments* community. Cochrane UK has facilitated a process by which *Testing Treatments* (a guide for patients and the public) is available in 14 languages via the Cochrane website (<http://training.cochrane.org/online-learning/knowledge-translation/testing-treatments>)

## Student Electives

In June 2018 Cochrane UK welcomed a group of five undergraduate and postgraduate students (from a variety of disciplines and countries) on a four-week elective placement.

The Cochrane UK team led teaching sessions in methods of dissemination, blogging, critical appraisal, interaction with the media and Wikipedia editing skills. The students worked independently on writing blogs for Students 4 Best Evidence, contributing to content on the social media channels and self-directed study via the Cochrane Interactive Learning modules. Their combined project involved extraction and analysis of data relating to Cochrane systematic reviews, with the objective of producing a paper for publication. Attendance at *Evidence Live* also helped to provide the students with a varied programme to inform and enthuse them.

We have moved to a programme of set dates, twice a year, rather than accepting students on a continual basis, to ensure they have the most productive and enjoyable experience at Cochrane UK. Our next group of elective students will come in October 2018.

## Demonstrating impact

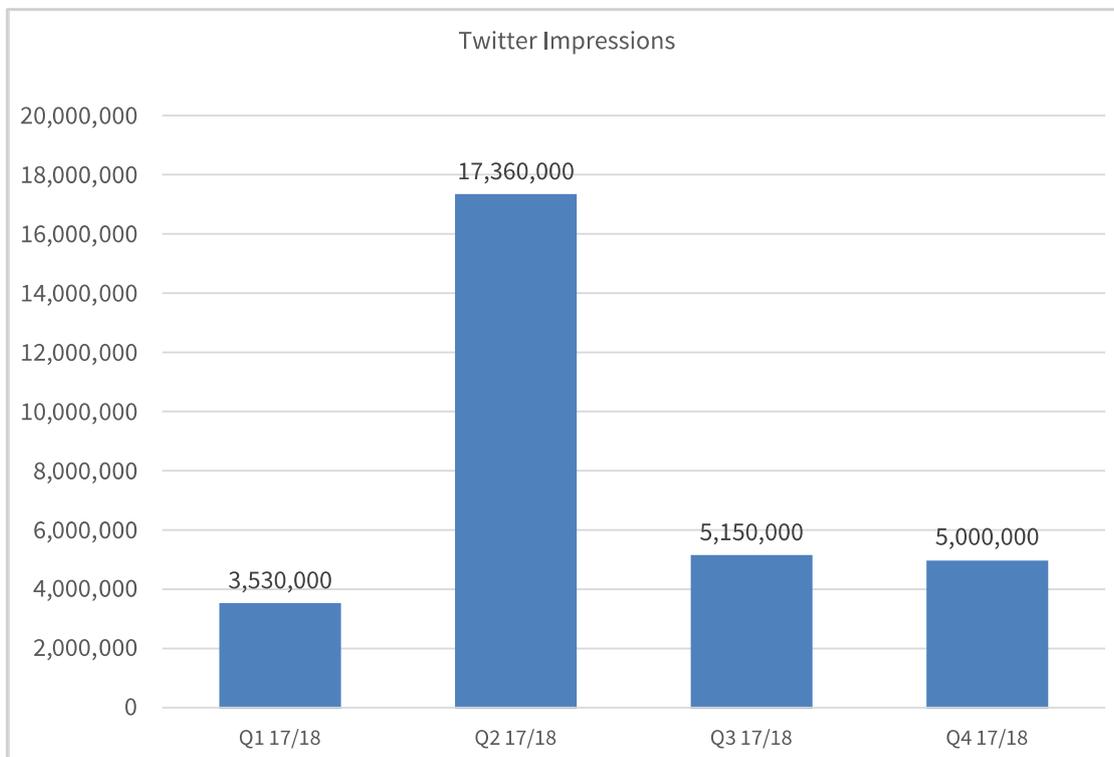
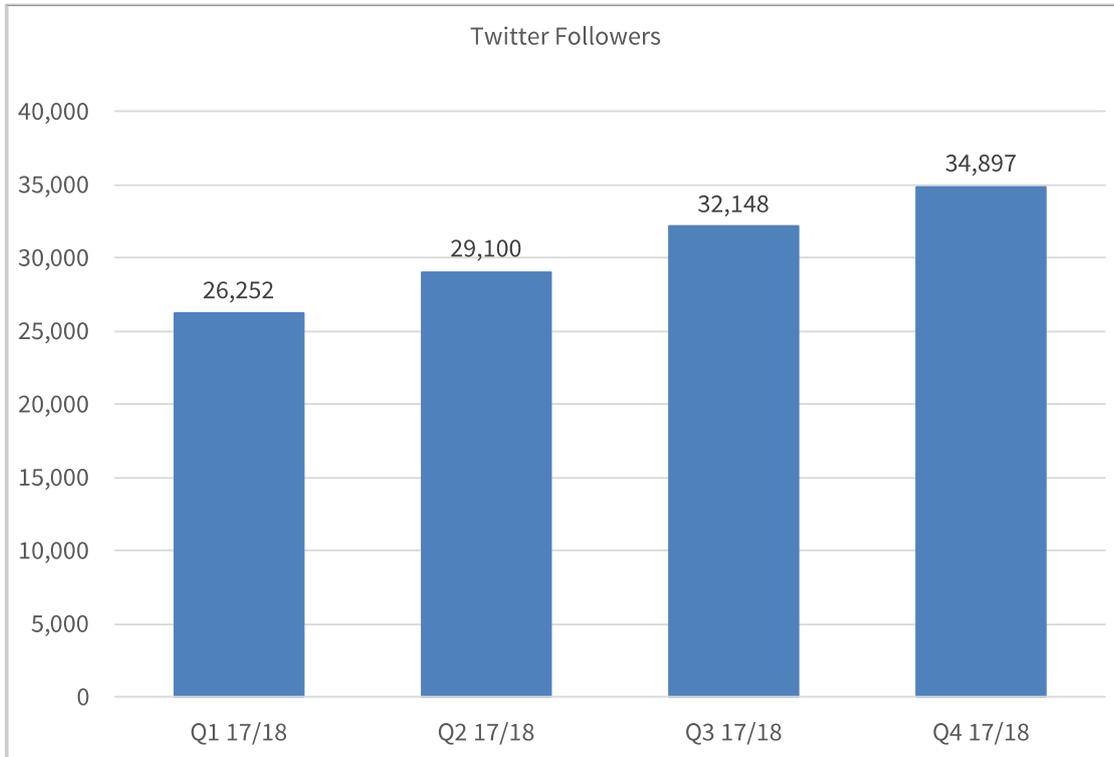
“Can you show us the impact of your research?” “How is your research benefiting wider society?” These questions are frequently – and rightly – asked by (among others) the agencies that monitor and fund Cochrane, patients whose treatments may be based on our findings, and policymakers responsible for the allocation of scarce resources. The impact from research is a public good. But depending on how impact is defined, the pursuit of short-term impact (perhaps in order to perform against an imposed set of ‘impact metrics’) may detract from longer-term goals. Cochrane UK partnered with the Oxford Biomedical Research Centre to bring together 65 invited participants with an interest in the impact of research to explore what we understand by *impact* and consider how research impact has been defined and measured by different scholars and stakeholders. This one-day workshop (*Impact2018*) was held on 21<sup>st</sup> June 2018 and aimed to promote new ways of thinking about impact through keynote talks and small group work. The group identified and discussed the most important impact challenges as:

1. Better use of routinely-collected data
2. Optimising learning from impact narratives
3. Democratising the impact agenda
4. Removing perverse incentives
5. Capacity building

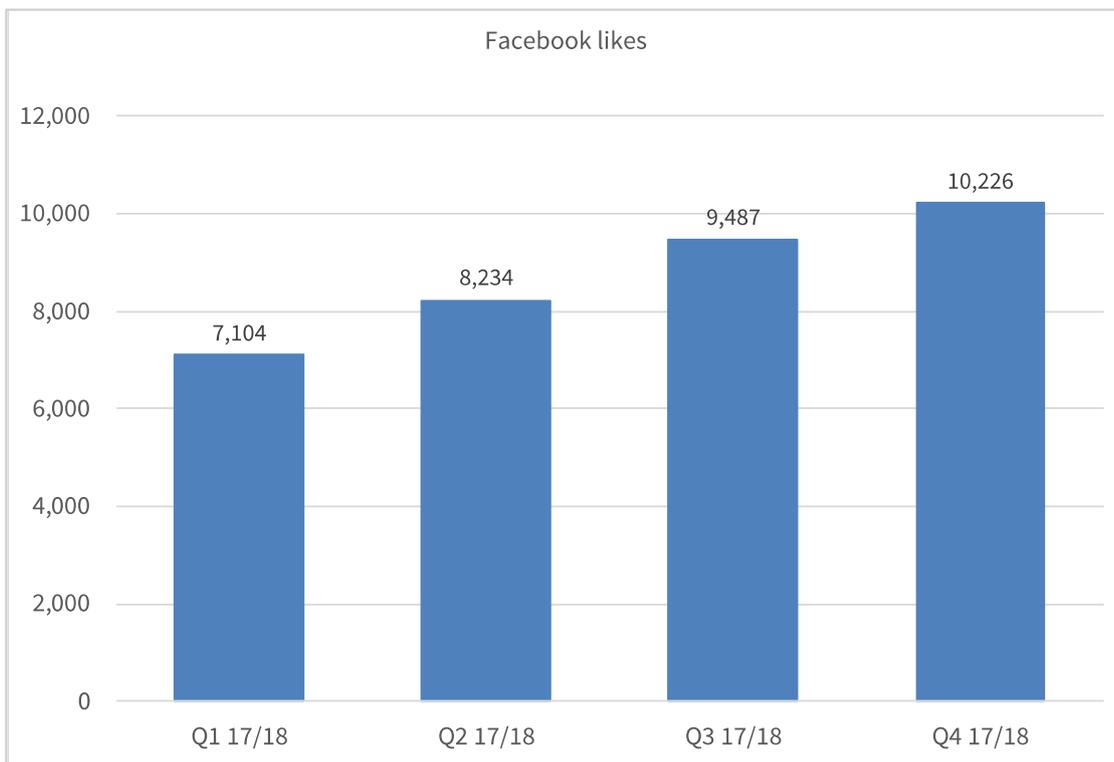
More information on the day can be found in the blog published by Professor Trish Greenhalgh <https://oxfordbrc.nihr.ac.uk/blog/oxfordimpact2018/>

## Digital impact: websites and social media accounts

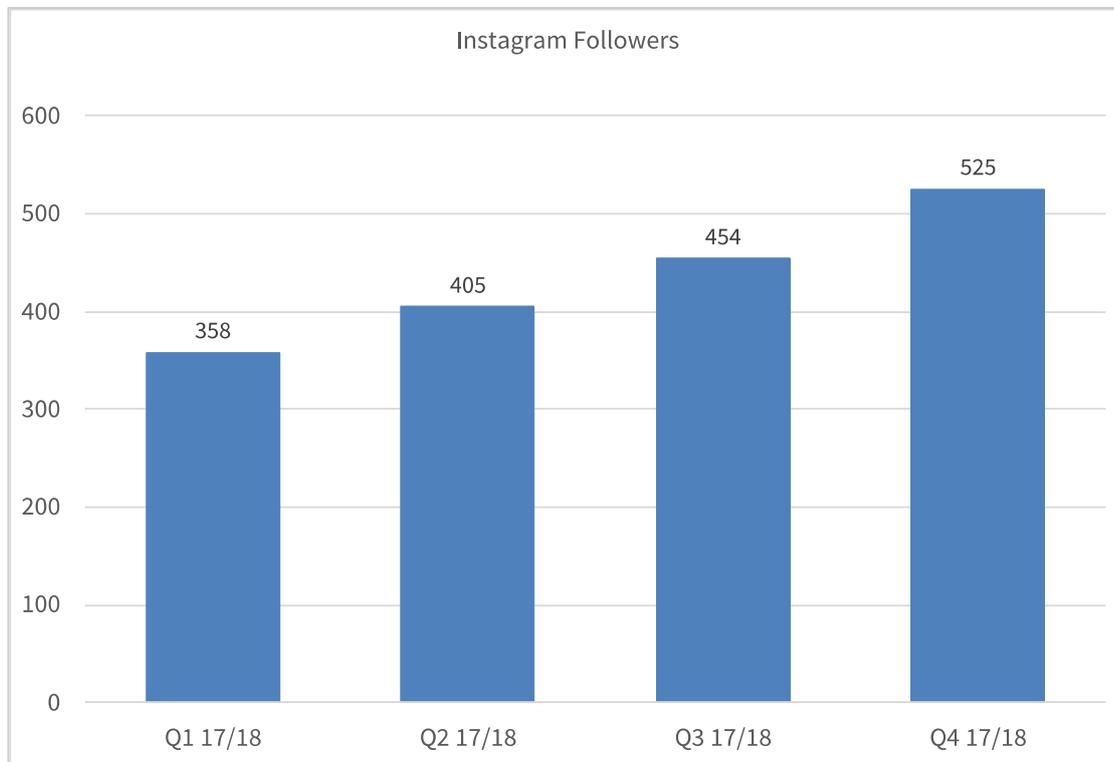
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Facebook.com/CochraneUK

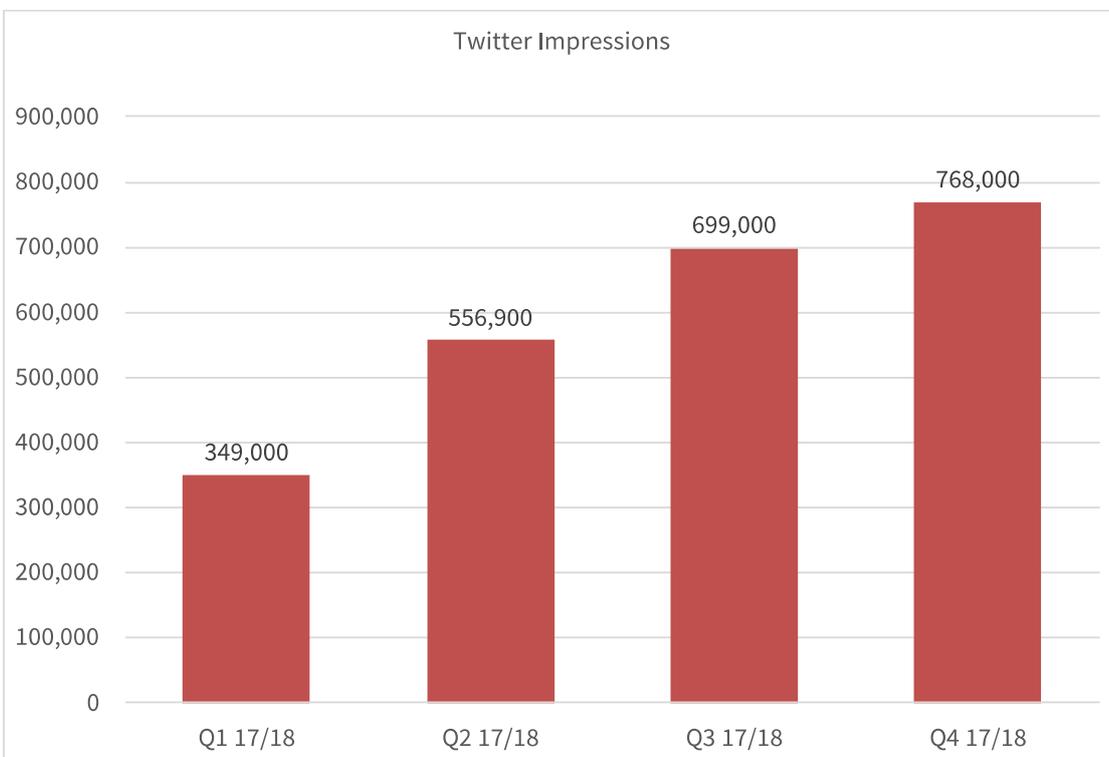
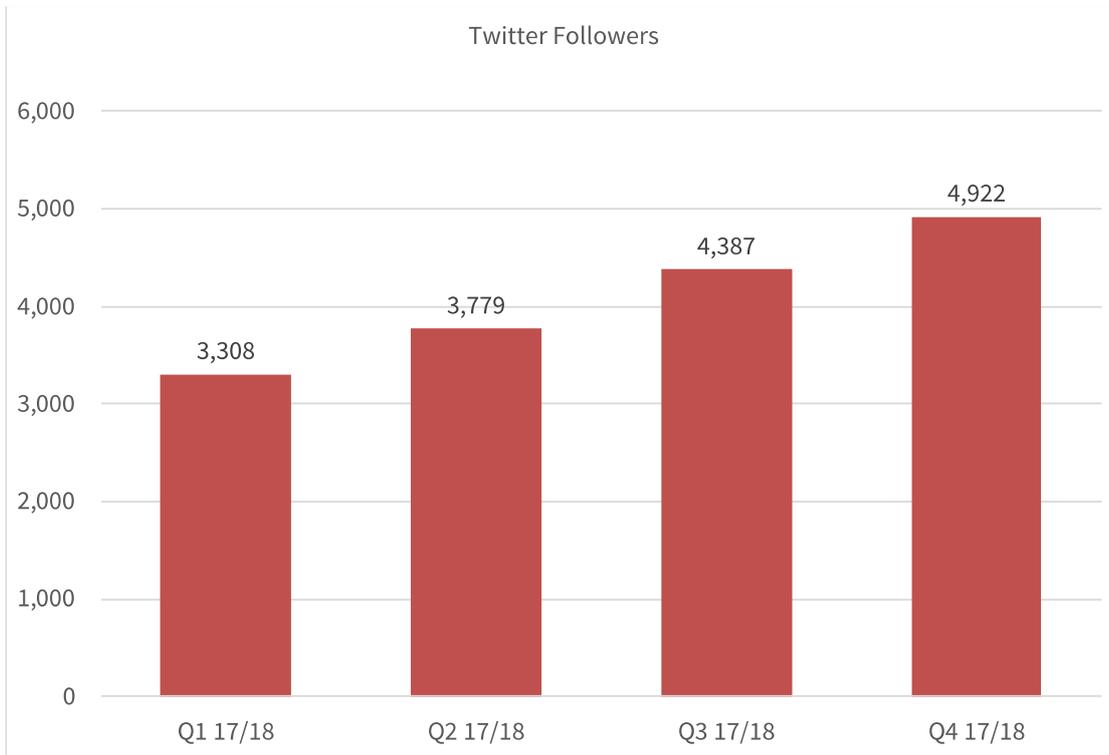


instagram.com/ukcochranecentre

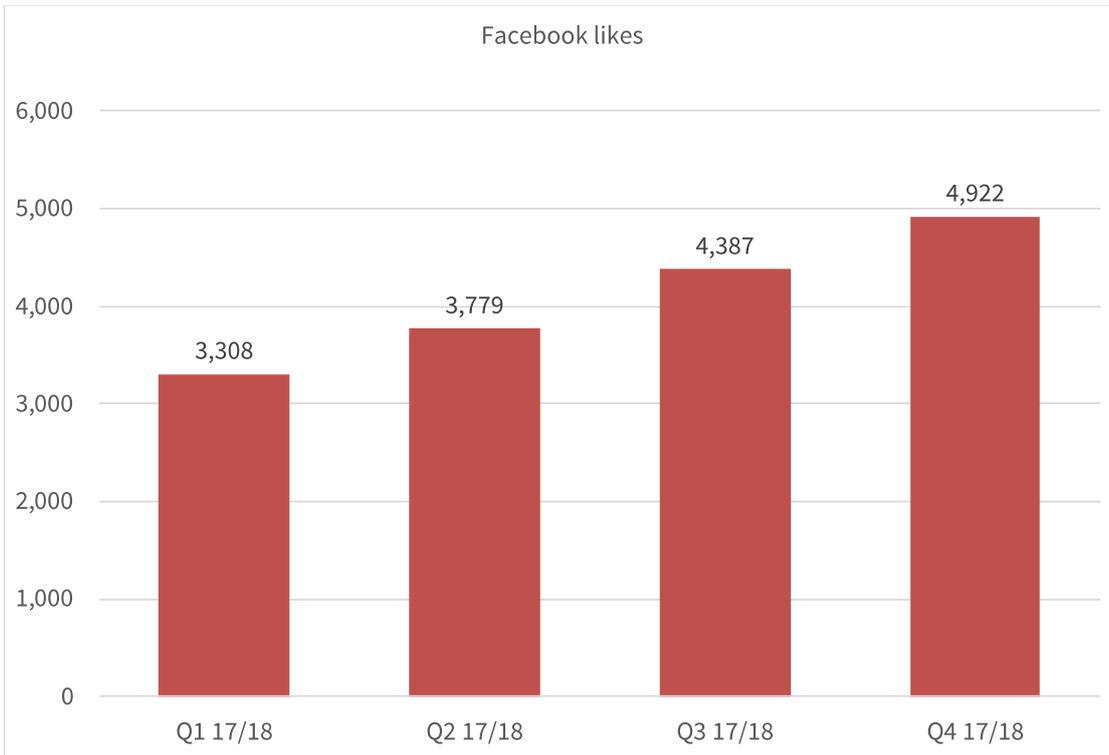


## Students 4 Best Evidence (S4BE) social media

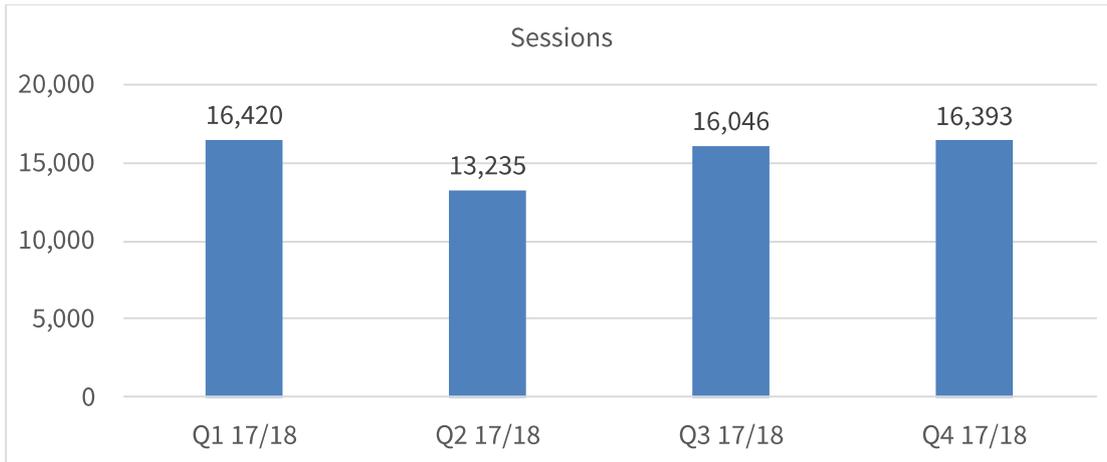
[Twitter.com/Students4BE](https://twitter.com/Students4BE)



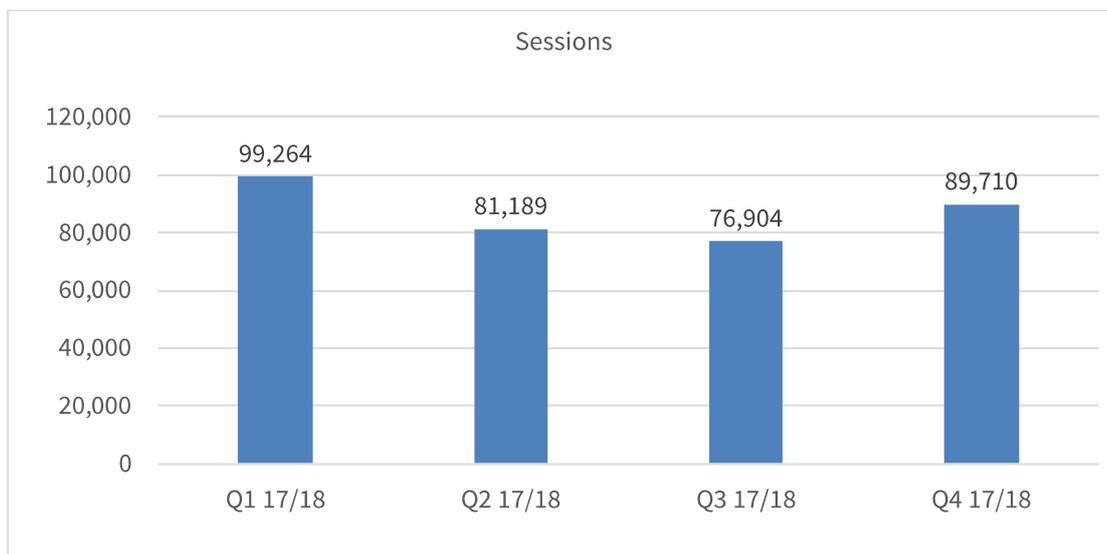
Facebook.com/Students4BE



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